

<b>Case Number:</b>	CM14-0178079		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year-old male with a date of injury of September 2, 2011. The patient's industrially related diagnoses include bilateral carpal tunnel syndrome and s/p carpal tunnel release 1/9/2012. The disputed issues are prescriptions for Norco 10/325mg #60 with 3 refills, Gralise (Gabapentin) 600mg #90 with 4 refills, Motrin 800mg #60 with 4 refills, and Prilosec 20mg #30 with 4 refills. A utilization review determination on 10/14/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "There is no documentation that the prescriptions are from a single practitioner and are taken as prescribed, the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In addition, the requested number of medication refills exceeds guidelines." The stated rationale for the modification of Motrin, Gralise, and Prilosec was: "The requested number of medication refills exceeds guidelines."

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 44, 47, 75-79, 120..

**Decision rationale:** Norco 10/325mg (hydrocodone/acetaminophen) is an opioid which was recently rescheduled in October 2014 from Schedule III to the more restrictive Schedule II of the Controlled Substances Act. Therefore, it can no longer be refilled. Norco is recommended for moderate to severe pain. In regard to the use of Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain. In the progress report dated 9/19/2014, there was no specific documentation to support that Norco provided pain relief in terms of percent pain reduction or reduction in numeric rating scale, and there were no specific examples of functional improvement provided. The treating physician stated that the injured worker continued to do quite well with the current medications, and he continues to work full time. In the progress report dated 4/16/2014, the treating physician documented: "There was aberrant drug-related behavior." However, there is no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker is only getting opioids from one practitioner. In a previous visit, there was a request for a urine drug screen, but there is no discussion of the results in the subsequent visits. Based on the lack of documentation, medical necessity for Norco cannot be established at this time. Furthermore, as Norco has been rescheduled, the request for this prescription is not valid because Norco can no longer be refilled. Therefore, the request is not medically necessary.

**Gralise (Gabapentin) 600mg, #90 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21.

**Decision rationale:** Gralise (gabapentin) is an antiepilepsy drug recommended for neuropathic pain. Chronic Pain Medical Treatment Guidelines state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In the submitted documentation available for review, the treating physician documents that Gralise has been significantly beneficial, and the injured worker continues to work full time. The treating

physician documented in a progress report dated 2/19/2014 that the medication brought down the pain by at least 50%, and the injured worker did not report any negative side effects. The Utilization review modified the request to include only 2 refills because the medical practice standard of care supports minimum (no longer than 3 months) follow up evaluations for medication management to monitor patient's response and continuing need. However, the treating physician did document that the injured worker would be seen again in 3 months from his last visit. Based on the documentation, the request for Gralise (gabapentin) #90 with 4 refills is medically necessary.

**Motrin 800mg, #60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69..

**Decision rationale:** Motrin 800mg (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In the submitted documentation available for review, the treating physician does document pain relief with the use of the current medications. He states that the injured worker feels that the Motrin is helpful along with the Norco. The UR modified the request to Motrin 800mg #60 with 2 refills because the number of medication refills exceeds guidelines, but the treating physician documented that the injured worker will be seen again in 3 months from his last office visit. Due to adequate documentation of benefit, the request for Motrin 800mg #60 is medically necessary. However, the guidelines recommend NSAIDs for the shortest period in patients with moderate to severe pain and therefore the request for Motrin with 4 refills is not medically necessary.

**Prilosec 20mg, #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Prilosec 20mg (Omeprazole) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or

perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the progress reports available for review, there is indication that the injured worker has complaints of dyspepsia secondary to NSAID use. The treating physician documented that the injured worker takes Prilosec 20mg for GI upset from the Motrin. Based on the guidelines, the request for Prilosec is medically necessary. However, as the Motrin was found to be medically necessary for a total of 3 months (Motrin 800mg #60 with 2 refills) and the Prilosec is used for the side effects caused by the Motrin, the UR determination should be upheld. The request for Prilosec 20 mg #30 with only 2 refills is not medically necessary.